

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES
PO BOX 419084
RANCHO CORDOVA, CA 95741



Attention Payroll Department:

California Family Code Section 17512 requires employers and labor organizations to provide employment, income, and health insurance information to the Department of Child Support Services (DCSS) within 30 days upon written request. Maintaining accurate employer information with DCSS benefits employers by ensuring notices are sent to the proper location and by preventing issuance of duplicate notices.

DCSS is requesting your assistance. By promptly completing the enclosed Employer Information Request form we can maintain accurate identification and contact information for your company. The attached form reflects information we currently have on file, and provides you the opportunity to correct or add to that information. The form can be completed and returned in one of the following ways:

1. Online at <http://www.childsup.ca.gov/Employer/tabid/56/Default.aspx>. Click on the "Employer Information Request" link. You can complete and submit the form electronically, and save a copy for your records.
2. Fax transmission to (916) 636-2626.
3. Call (888) 898-1743 and speak to an Employer Customer Service Representative.

We recognize that as employers you are our most valued partner in the child support program as an average of 70% of all child support payments are received through wage garnishment. We appreciate your time in completing the Employer Information Request form and in responding timely to child support program notices such as the Income Withholding Order, National Medical Support Notice, Wage and Insurance Verification, Independent Contractor Employment Verification, and Request for Retirement Information.

DCSS provides many services to assist employers in performing their legal responsibilities regarding employees with child support obligations. On the employer page of our website noted above employers can access our Employer Handbook, sign up to receive Income Withholding Orders electronically (e-IWO), and contact state or local customer service representatives toll-free. For assistance with a specific child support case employers should always contact their local county child support office at (866) 901-3212.

If you have any questions about employer responsibilities in general or about this request, please visit our website at <http://www.childsup.ca.gov/Employer/tabid/56/Default.aspx> or contact an Employer Customer Service Representative at (888) 898-1743.

INSTRUCTIONS FOR COMPLETING THE EMPLOYER INFORMATION REQUEST FORM

Please follow these instructions to complete the Employer Information Request (EIR) form.

1. Contact Information:

The person completing the EIR form should be the person the company wants DCSS to contact if we have any questions regarding the employer information the company provides on the form.

2. General Instructions:

- a. All DCSS information regarding the employer is provided in the left-hand column on the form. In each section, e.g., Corporate Information, there is an "Information is Correct" checkbox. If the information in the left column is accurate, simply check the box. If it is not correct, leave that box unchecked, check the box on the right-side of the form, "Correct Information Below," and provide the correct information in the corresponding spaces in the right-hand column. Only specific information being changed need be provided. For instance, if only the contact phone number is incorrect, only the new phone number needs to be provided in the corresponding space in the right-hand column. DCSS will assume all unchanged spaces will remain the same.
- b. In each section after "Corporate Information", one or more boxes are provided to simplify annotating that the contact is the same as a contact previously indicated on the form. For instance, if the Payroll address and contact information is the same as the Corporate contact and address information, check the box, "Same as Corporate." If the address is the same but the contact person is different, please do not mark a "Same as" box, but repeat the information in the subsequent sections of the form.

3. Specific Instructions:

- a. Employer Legal Information – Please provide the "legal company name" you need to have printed on any notice, such as the *Income Withholding Order/Notice to Withhold (IWO)*. Please indicate if you are a sole proprietor (have no employees) by checking the box "Sole Proprietor."

It is of utmost importance that you provide your company's State and Federal Employer Identification Numbers (Tax ID Number). These are the numbers you use when reporting employment information such as new hires, quarterly wages and payroll taxes.
- b. Corporate Information – Please provide the contact and address you use for state and federal employment-related reporting, such as new hires, quarterly wages and payroll taxes.
- c. Work Site Information – If your company does business at work sites other than the "Corporate" address provided, please check "Yes" and provide a list of work site addresses to DCSS at EIR@dcss.ca.gov.
- d. Payroll Information – Please provide the contact and address you want DCSS to send the IWO documents for wage garnishment. If you use a third party payroll service and want IWOs sent to that service, please check "Yes" and include the payroll service's contact information.
- e. Medical Support Notice Information – Please provide the contact and address you want DCSS to send the *National Medical Support Notice (NMSN)*. Please check "Yes" if health insurance is administered by a third party to which the NMSN should be sent.
- f. Employment Verification Information – Please provide the contact and address you want DCSS to send the *Wage and Insurance Verification* form. Please check "Yes" if you accept hard copy verification requests or check "No" to stop these notices coming in the mail. Please check "Yes" if you use a third party employment verification service and indicate the name of the service and the service id number used by customers of that service to verify employment.
- g. Workers Compensation Information – Please provide the name, contact and address of your workers compensation insurance provider that DCSS may contact to verify workers compensation claims for your employees.
- h. Comments – Please include any comments that will assist DCSS in maintaining accurate information regarding your business.

EMPLOYER INFORMATION REQUEST

DCSS 0676 (03/11 /2011)

 A
 CSE Employer Number:

PERSON COMPLETING THE FORM			PHONE NUMBER <i>(Include area code)</i>		EXT
E-MAIL ADDRESS					
Please mark the "Information is Correct" box if the information provided below is correct for your company.			Please make corrections in the spaces provided below where current information to the left is not correct.		
EMPLOYMENT LEGAL INFORMATION <input type="checkbox"/> Information is Correct			EMPLOYER LEGAL INFORMATION <input type="checkbox"/> Corrected Information Below		
EMPLOYER LEGAL NAME <input type="checkbox"/> Sole Proprietor			EMPLOYER LEGAL NAME <input type="checkbox"/> Sole Proprietor		
EMPLOYER "DOING BUSINESS AS" NAME			EMPLOYER "DOING BUSINESS AS" NAME		
FEIN	SEIN	STATE	FEIN	SEIN	STATE
CORPORATE INFORMATION <input type="checkbox"/> Information is Correct			CORPORATE INFORMATION <input type="checkbox"/> Corrected Information Below		
ATTENTION TO			ATTENTION TO		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
CONTACT NAME	TITLE		CONTACT NAME	TITLE	
PHONE NUMBER <i>(Include area code)</i>		EXT	PHONE NUMBER <i>(Include area code)</i>		EXT
E-MAIL ADDRESS	FAX NUMBER <i>(Include area code)</i>		E-MAIL ADDRESS	FAX NUMBER <i>(Include area code)</i>	
WORK SITE INFORMATION <input type="checkbox"/> Information is Correct			WORK SITE INFORMATION <input type="checkbox"/> Corrected Information Below		
Does your company do business at site locations other than the Corporate address above under the same FEIN? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does your company do business at site locations other than the Corporate address above under the same FEIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a list of worksites to DCSS at EIR@dcss.ca.gov		
PAYROLL INFORMATION <input type="checkbox"/> Information is Correct			PAYROLL INFORMATION <input type="checkbox"/> Corrected Information Below		
Is your payroll handled by a third party payroll service? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is your payroll handled by a third party payroll service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ATTENTION TO <input type="checkbox"/> Information same as Corporate			ATTENTION TO <input type="checkbox"/> Information same as Corporate		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
CONTACT NAME	TITLE		CONTACT NAME	TITLE	
PHONE NUMBER <i>(Include area code)</i>		EXT	PHONE NUMBER <i>(Include area code)</i>		EXT
E-MAIL ADDRESS	FAX NUMBER <i>(Include area code)</i>		E-MAIL ADDRESS	FAX NUMBER <i>(Include area code)</i>	

COMMENTS

EMPLOYER INFORMATION REQUEST

DCSS 0676 (03/11/2011)

A

CSE Employer Number:

Please mark the "Information is Correct" box if the information provided below is correct for your company.				Please make corrections in the spaces provided below where current information to the left is not correct.			
MEDICAL SUPPORT NOTICE INFORMATION <input type="checkbox"/> Information is Correct				MEDICAL SUPPORT NOTICE INFORMATION <input type="checkbox"/> Corrected Information Below			
Does your company usually provide health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				Does your company usually provide health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your health insurance administered by a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No				Is your health insurance administered by a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ATTENTION TO Information same as: <input type="checkbox"/> Corporate <input type="checkbox"/> Payroll				ATTENTION TO Information same as: <input type="checkbox"/> Corporate <input type="checkbox"/> Payroll			
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
CONTACT NAME		TITLE		CONTACT NAME		TITLE	
PHONE NUMBER (Include area code)			EXT	PHONE NUMBER (Include area code)			EXT
E-MAIL ADDRESS			FAX NUMBER (Include area code)	E-MAIL ADDRESS			FAX NUMBER (Include area code)
EMPLOYMENT VERIFICATION INFORMATION <input type="checkbox"/> Information is Correct				EMPLOYMENT VERIFICATION INFORMATION <input type="checkbox"/> Corrected Information Below			
Do you accept hardcopy employment verification? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you accept hardcopy employment verification? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is employment verification administered by a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No				Is employment verification administered by a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EMPLOYMENT VERIFICATION SERVICE (if used)			SERVICE ID	EMPLOYMENT VERIFICATION SERVICE (if used)			SERVICE ID
ATTENTION TO Information same as: <input type="checkbox"/> Corporate <input type="checkbox"/> Payroll				ATTENTION TO Information same as: <input type="checkbox"/> Corporate <input type="checkbox"/> Payroll			
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
CONTACT NAME		TITLE		CONTACT NAME		TITLE	
PHONE NUMBER (Include area code)			EXT	PHONE NUMBER (Include area code)			EXT
E-MAIL ADDRESS			FAX NUMBER (Include area code)	E-MAIL ADDRESS			FAX NUMBER (Include area code)
WORKERS COMPENSATION INFORMATION <input type="checkbox"/> Information is Correct				WORKERS COMPENSATION INFORMATION <input type="checkbox"/> Corrected Information Below			
INSURANCE PROVIDER NAME				INSURANCE PROVIDER NAME			
ADDRESS				ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
CONTACT NAME		TITLE		CONTACT NAME		TITLE	
PHONE NUMBER (Include area code)			EXT	PHONE NUMBER (Include area code)			EXT
E-MAIL ADDRESS			FAX NUMBER (Include area code)	E-MAIL ADDRESS			FAX NUMBER (Include area code)